

due to a lack of health insurance and financial concerns. She came to Midtown Community Health Center with an enlarged uterus, a uterine mass and anemia. A Midtown medical provider arranged for an emergency ultrasound and removal of the tumor within 3 weeks. The patient is improving and being treated by Midtown for anemia and irregular menstrual periods.

A 40-year-old man was working as a contractor when his boss noticed he was losing weight and took him to the hospital. He was diagnosed with tuberculosis and hepatitis C. He did not have health insurance and became homeless. The hospital referred him to Wasatch Homeless Health Care, Inc. where he entered the tuberculosis housing and treatment program.

The Johnsons manage their own business in a small rural Utah town, but somehow health insurance coverage has always been difficult for them to purchase. Without the Wayne Community Health Center in Bicknell, the family could only seek medical care for emergencies.

These stories are just some of real life experiences which illustrate how community health centers make a difference. They save lives. They provide preventive health care. They keep people out of hospitals. Community health centers are worth every cent that the Federal Government invests in them. I am pleased and proud to support them by introducing this legislation today.

I urge my colleagues to support this important legislation which not only provides individuals with important health care services but also ensures that the health centers providing these services will have the necessary support to continue providing health services.

Mr. KENNEDY. Mr. President, it is an honor to join Senator HATCH today in introducing this bill to reauthorize the health centers program. The Health Centers Renewal Act reauthorizes the community health center program through 2011. Its goal is to make sure that people across the Nation can obtain the care they need in their community, regardless of their ability to pay.

What began in the 1960s as a neighborhood health center demonstration project at two sites—Columbia Point in Massachusetts and Mound Bayou in Mississippi—has flourished beyond expectation in the years since then. It has now grown to more than 1,000 community, migrant, and homeless health centers providing care in every State across the Nation. Health centers are the “medical home” today for over 15 million patients—patients who are overwhelmingly low-income, uninsured and minorities. Without health centers in their community, most of these patients would have nowhere to turn for the health care they need.

Health centers are truly democratic, and are operated in large part by the patients and communities they serve. We hear a great deal these days about

moving toward “consumer-directed” health care but in most cases that’s a code name for cost-shifting to patients. That’s not true of health centers, which are truly consumer-directed. The requirement of a patient-majority for health centers’ governing boards makes sure the community has a real voice in the services offered and that the needs of the community are met. This community focus has been essential to the program’s success in reducing barriers to good health care and overcoming unfair health disparities.

As the number of uninsured and underinsured persons grows each year, the need for health center services increases. More than 40 percent of health center patients have no health insurance and their ranks are increasing. Another 36 percent have coverage through Medicaid or CHIP, and cuts in these programs affect health centers as well. With the growing number of patients who rely on health centers, we must provide the funds needed to open new centers in areas that are underserved and to provide better funding to existing centers to meet the growing demand.

Health centers fill a large void by providing quality, cost-effective care in medically underserved areas. Most health centers are located in rural areas or economically depressed inner cities, where poverty is high and the need is great. They truly are part of the community, providing not just health care, but good jobs and other programs that benefit the entire community.

Community health centers have proven their value over the past four decades, and this bill will enable them to expand and grow in the years ahead, so that they can continue to provide the quality care that their patients and communities rely on.

Ms. SNOWE. I am pleased to join with my colleagues in the introduction of the Health Centers Renewal Act. Today health centers are a critical part of our health care safety net, serving over 15 million Americans.

Community Health Centers, also known as federally qualified health centers, are the only source of primary and preventive services for many medically underserved. This is especially true for people living in rural areas, where provider shortages couple with high health care delivery costs to make access difficult for many individuals.

The increasing role of health centers truly represents a bipartisan success story. Since 2001, the Congress has provided increased funding for health centers to improve and upgrade existing facilities, as well as to further expand the safety net these centers provide. That has supported the President’s goal to provide 1,200 new or expanded centers, and is why today an additional four million Americans are now served by health centers.

In my State of Maine, over 80,000 individuals are served by federally funded health centers. In fact, one in five

uninsured, low-income Mainers relies on a health center for their primary care. In rural areas, 1 in 10 of our residents rely on a community health center for care.

Today’s health centers look very different from those of the past. They are providing comprehensive primary care, and have been moving forward to adopt new technology and practice models which will ensure care of the highest quality at modest cost. In fact, the Office of Management and Budget has recognized the health centers as one of the top 10 performing programs in the Federal Government.

Community involvement has been key to this success. The requirement that patients and community play a major role in governance has been key to the success of these providers in addressing critical local health needs.

There is much yet that must be done to improve our health care safety net, including reducing the disparities in care and outcomes which plague minority and poor populations. Health centers will play a vital role in meeting those challenges, and that is why I am pleased to support this vital legislation to enable their continued growth and support.

By Mr. ENSIGN (for himself and Mr. REID):

S. 3772. A bill to establish wilderness areas, promote conservation, improve public land, and provide for high quality development in White Pine County, Nevada, and for other purposes; to the Committee on Energy and Natural Resources.

Mr. REID. Mr. President, today I rise with my good friend Senator ENSIGN to introduce the White Pine County Conservation, Recreation and Development Act of 2006. This bill creates economic opportunity for the people of White Pine County, improves public land management, and protects some of Nevada’s most incredible wild lands. It also makes needed changes to the Southern Nevada Public Land Management Act.

The White Pine County Conservation, Recreation and Development Act is the product of many years of work. Ranchers, land managers, conservationists, off-highway vehicle advocates, tribal members, city and county officials, wilderness advocates and many others have contributed to this effort. Meetings and tours focused on a White Pine County land bill have been taking place for more than 5 years.

The result of these many years of dialogue can be found in the sturdy compromise contained in this legislation. Our bill resolves wilderness study areas, provides a reasonable expansion of local tribal lands, authorizes a study and possible designation of an off-highway vehicle trail, provides for competitive Federal land sales, makes common sense transfers of land between Federal agencies, expands State parks, conveys two small tracts of land to the county for economic development, funds an